CITY OF LOCKPORT BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA

COMPLIANCE...

PHONE-439-6754

FAX-439-6605

BUILDING PERMIT APPLICATION FOR POOL

Job Location:		Date:
Owner:	r: Address (if different):	
Phone:	City:	Zip:
Construction Cost:		
Contractor(s):		
Pool Type: I	n ground	Above ground
Pool Height:	Diameter:	Length & Width
Alarm Type Installed:		
Please Attach the Fol	lowing:	
Locations Setback di Pool enclo	urvey that is current and acc of the proposed structures mensions (front, rear, and all sures specifications (if neces of electrical outlets & wiring	sides)
		vs of this jurisdiction, adhere to the plans and personnel to perform required inspections.
Applicant's Name:(if differ	rent than owner)	(attach letter of agency)
Owner/ Applicant Signatur	re:	Date:
ENCLOSURE OR TEMI	PORARTY ENCLOSURE APPI	O THE ERECTION OF PERMANENT ROVED BY THE BUILDING O ISSUANCE OF CERTIFICATE OF